

Rec'd PCT/PTO 20 DEC 2004

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <b>10/518428</b>	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1				51						
2				1			52						
3					1		53						
4						1	54						
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42							92						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			1				TOTAL IND.						
TOTAL DEP.	←	19	←			←	TOTAL DEP.	←	←	←	←		
TOTAL CLAIMS			20				TOTAL CLAIMS						